

Knollwood Energy of MA LLC P.O. Box 30 Chester, New Jersey 07930

WHPUC BIALRY 5 PMS: TO

August 28, 2015

Debra A. Howland Executive Director New Hampshire Public Utilities Commission 21 South Fruit Street, Suite 10 Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Robert Grenier system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506 (including new requirements 2506.01 and PUC 2506.02)

Customer and Facility Information Robert Grenier 44 North River Rd Walpole, NH 03608 grendog@comcast.net 603.756.4028

The Nepool GIS ID # for this facility is: NON51224. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager *Knollwood Energy of MA LLC*973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITYFOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code <u>Puc 2500</u> Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
 Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission

 21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

 Photovoltaic (PV) solar facilities are Class II resources. 	Contact Barbara.Bernstein@puc.nh.gov for assistance.
Eligibility Requested for: Class I Class II	X Check here X if this facility part of an aggregation.
If the facility is part of an aggregation, please list the aggr	regator's name. Knollwood Energy of MA
 Provide the following information for the owner of the 	e PV system. (mailing address)
Applicant Name Robert Grenier	Email grendog@comcast.net
Address 44 North River Rd	City Walpole State NH Zip 03608
Telephone 603.756.4028	Cell
 For business applicants, provide the facility name and information). (Facility Address) 	contact information (if different than applicant contact
Facility Name Prin	nary Contact
Address	City State Zip
Telephone	Cell
Email address:	

nent	.		nent	<u> </u>					
equipment	quantity	Туре	equipment	quantity	Туре				
PV panels	24	Hyudai HIS250P	other						
Inverter	1	SolarEdge SE6000A-US	other						
meter	1	GE FM2S	other		And the black of the same of t				
must be	e included	erconnection agreement and the limith your application. Hers, both the Simplified Process I.							
Comple	<i>tion</i> are r	equired.							
-									
-	the name	eplate capacity of your facility (fou	nd on your ir	iterconnec	tion agreem	nent)?	6.0	4C	
What is		eplate capacity of your facility (fou				ient)?	6.0 <i>/</i> 5/6/		
What is What w Provide	as the init		ur utility appı	oved the f	acility)? er, or indicat	te that ti	5/6/ he eq	15	ent was
What is What w Provide installe	as the init	cial date of operation (the date your contact info by the customer.	ur utility appi	oved the f	acility)? er, or indicat	· •	5/6/ he eq (if	15	ent was
What is What w Provide installed Installer Name	as the init the named directly Solar	cial date of operation (the date your contact info by the customer.	ur utility appoor	roved the f	acility)? er, or indicat L	te that tl icense #	5/6/ he eq (if	15	
What is What w Provide installed Installed Name	the named directly Solar	cial date of operation (the date your personner) in the date you be provided the contact information the customer. Dave LLC Contact in the customer in the customer.	ur utility appropriate or to a post on tact Davidus City We	roved the fitte installed the installed wirth	acility)? er, or indicat L	icense # pplicable State:	5/6/ he eq (if e)	'15 uipme	<u> </u>
What is What w Provide installed Installed Name Address Telepho	the named directly Solar 411 Spone 603	cial date of operation (the date your license number and contact information) by the customer. Dave LLC Conford Road	ormation of to the contact Davided City Western	roved the factorial the installed wirth estmoreland Solardav	acility)? e r, or indicat L a	icense # pplicable State:	5/6/ he eq (if e)	'15 uipme	ont was
What is What we Provide installer Name Address Telepho	the named directly Solar 411 Spone 603	cial date of operation (the date your performance). E., license number and contact information (the date your performance). Dave LLC Conford Road E.313.8671	ormation of to the contact Davide Dav	the installed wirth estmorelant Solardav theck here:	acility)? e r, or indicat L a	icense # pplicable State:	5/6/ he eq (if e)	'15 uipme	<u> </u>
What is What w Provide installer Installer Name Address Telepho	the named directly Solar 411 Spone 603	cial date of operation (the date you e, license number and contact info by the customer. Dave LLC Conford Road 3.313.8671 was installed directly by the customer.	ormation of to the contact David Dav	the installed wirth estmorelant Solardave theck here:	er, or indicated and descriptions and descriptions and descriptions are described and descriptions and descriptions are descriptions and descriptions are descriptions and descriptions are descriptions are descriptions and descriptions are described as de	icense # ipplicable State:	5/6/ he eq (if e)	'15 uipme	
What is What w Provide installer Installer Name Address Telepho If the equal to the	the name of the name of the name of the check in the name of the check	cial date of operation (the date your e, license number and contact information of the customer. Dave LLC Conford Road 3.313.8671 was installed directly by the customer and contact information of the customer and custome	ormation of to the contact David Dav	the installed wirth estmorelant Solardave heck here: endor.	d e4@gmail.o the next qu	icense # ipplicable State: com	5/6/ he eq (if e) N H	'15 uipme Zip	03468
What is What w Provide installed Installed Name Address Telepho	the name of the name of the name of the name of the check is Name	cial date of operation (the date you e, license number and contact info by the customer. Dave LLC Conford Road 3.313.8671 was installed directly by the customer and contact information of the entere if the installer provided the education of the entere if the installer provided the education of the entere if the installer provided the education of the entere if the installer provided the education of the entere if the installer provided the education of the entere if the installer provided the education of the entere if the installer provided the education of the enterer if the installer provided the education of the enterer if the installer provided the education of the enterer if the installer provided the education of the enterer if the installer provided the education of the enterer if the installer provided the education of the enterer if the installer provided the education of the educ	ormation of to contact Davide	the installed wirth estmorelant Solardav heck here: endor.	d e4@gmail.o the next qu	icense # pplicable State: com	5/6/ he eq (if e) N H	'15 uipme Zip	03468

License #

0241G

Electrician's Name Steve Grenier

Business Name E.E. Houghton	Email <u>n/a</u>		
Address PO BOX 388	City Walpole	State	NH Zip03608
Provide the name of the independent monito available at http://www.puc.nh.gov/Sustainab			
Independent Monitor's Name Paul Button	Energy Audits Unlimited	_	
Is the facility certified under another state's re If "yes", then provide proof of the certification	.50	? yes 🗌	no X
 Please note, if your facility is part of an agg following information. In order to qualify your facility's electrical must register with the NEPOOL – GIS. Cont 	production for Renewable E	nergy Certificates	(RECs), you
	James Webb		
Registry Administ	rator, APX Environmental N	larkets	
224 Airport Parkv	vay, Suite 600, San Jose, CA	95110	
Office: 408.51	17.2174 jwebb@apx.co	<u>m</u>	
If you are not part of an aggregation, Mr. Webb	will assist you in obtaining	a GIS facility code.	
GIS Facility Code # NON51224	Asset ID # N	ON51224	
 Complete an affidavit by the applicant or in conformance with any applicable state or provide a separate document. The Commission requires a notarized afficement. 	/local building codes. U	se either the follo	
AFFIDAVIT			
The Undersigned applicant declares under in conformance with all applicable building			lled and operating
Applicant's Signature		Date	***************************************
Applicant's Printed Name Linda Modica			
Subscribed and sworn before me this	Day of	(month) in t	he year
County of	State of		
	Notary Publi	c/Justice of the Pe	ace

- Complete an affidavit by the applicant or qualified installer that the project is installed and operating
 in conformance with any applicable state/local building codes. Use either the following affidavit form
 or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT	
The Undersigned applicant declares under penalt	y of perjury that the project is installed and operating
in conformance with all applicable building codes	
Applicant's Signature	Date 8/25/15
Applicant's Printed Name Linda Modica	
Subscribed and sworn before me this	Day of August (month) in the year 2015
County of Morris	State of New Jersey
	hulus
	Notary Public/Justice of the Peace
My Commission Expires	

DULCE PINTO
Notary Public
State of New Jersey
My Commission Expires Jan. 21, 2019
I.D.# 2381704

My Commission Expires	

• Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
All contact information has been provided.	X
 A copy of the interconnection agreement. PSNH Customers should include both the Interconnection Standards for Inverters Sized up to 100 KVA and Exhibit B – Certification of Completion for Simplified Process Interconnection. 	х
Documentation of the distribution utility's approval of the installation.*	х
 If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. 	
A signed and notarized attestation.	Х
A GIS number obtained from the GIS Administrator.	Х
The document has been printed and notarized.	X
The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	Х
An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	х
*Usually included in the interconnection agreement.	

• If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here

and skip this section.

PREPARER'S INFORMATION

Preparer's Name Linda Mo	dica	Email address: linda@knoll	lwoodenergy.c	<u>om</u>	
Address PO Box 30	-1	City Chester	State	NJ Zip	07930
Telephone 973.879.782		Cell			
Preparer's Signature:					
	50				

Simplified Process Interconnection Application and Service Agreement

Intact Information: Date Prepared: 4(30/)
gal Name and Address of Interconnecting Customer (or, Company name, if appropriate):
ustomer or Company Name (print): Robert Grenier Contact Person, if Company:
ailing Address: 44 N. Biver Rd
ity: Welpole State: NH Zip Code: 03608 E-Mail: 9 rendog @ Comcost
ity: Wolpole State: NH Zip Code: 03668 E-Mail: grendog@Comcestelephone (Daytime): 6037564028 (Evening): Facsimile Number:
ternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):
ame: David With Solar Dave CCC 'ailing Address: 411 Spotford Road ity: Westmoreland State: NH Zip Code: 03467 E-Mail: Solar dave 40 g man).
'ailing Address: 411 Spotterd Road
ity: Westmoreland State: NH Zip Code: 03467 E-Mail: Solardayey & 2 mail
elephone (Daytime): 603-3/3-8621 (Evening): Facsimile Number:
ectrical Contractor Contact Information (if appropriate):
une:
ailing Address: P. U. 180x 387
ity: Walpole State: 1/H Zip Code: 03608
cility Information:
Idress of Facility: 44 A. RIVER RD
ty:
'ectric Supply Co: (i Ser-/ Acct #: 441071620 - 44128257 Meter #: 04124 -350-
en/Inverter Manu: Select & Model Name and #: SE 6000 4-US Quantity
en/Inverter Manu: Sole Edg Model Name and #: SE 6000 4-US Quantity: 1 ameplate Rating: 6 (kW) (kVA) (AC Volts) Single or Three Phase
Strong Canacity (- MU (VVA) (AVA)
estem Design Capacity: 6 kw (kWA) (kVA) Battery Backup: Yes: No: 6
et Metering: If Renewably Fueled, will the account be Net Metered? Yes: No:
rime Mover: Photovoltaic Recip'g Engine Fuel Cell Turbine Other:
nergy Source: Solar Wind Hydro Diesel Nat Gas Fuel Oil Other:
L 1741.1 (IEEE 1547.1) Listed? Yes: No: External Manual Disconnect: Yes: No: No:
stimated Install Date: 5/10/30/5 Estimated In-Service Date: 5/10/30/5
terconnecting Customer Signature
nereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the
erms and Conditions on the following page:
ustomer Signature: Date: 4/30/15
ease attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.
oproval to Install Facility (For Company use only): Installation of the Facility is approved contingent upon the terms and conditions of this
greement, and agreement to any system modifications, if required.
re system modifications required? Yes: No: To be Determined
ompany Signature:
ompany waives inspection/Witness Test? Yes: No:
ated: July 03, 2012 Issued by: /s/ Victor D. Del Vecchio
fective: July 03, 2012 Victor D. Del Vecchio
Title: Provident

N.H.P.U.C. No. 18 - ELECTRICITY LIBERTY UTILITIES

Original Page 112
Interconnection Standards Provision

Customer Certification:

I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true and correct. This system has been installed and shall be operated in compliance with applicable electrical standards. Also, the initial startup test required by Puc 905.04 has been successfully completed.

Customer Signature:

Date: 5/5/15

As a condition of interconnection you are required to send/email a copy of this form to:

Electric Sales and Marketing Liberty Utilities 9 Lowell Road Salem, NH 03079 NHSalesMarketing@LibertyUtilities.com

> Issued by: /s/ Victor D. Del Vecchio Victor D. Del Vecchio

Title:

President

Exhibit B - Certificate of Completion for Simplified Process Interconnections

<u>Installation Information:</u>					Check if owner-installed
			Contact Pers	on, if Company:	
Robert G	Inenie				
Mailing Address:	•				
44 N. 1	River Rd				
City:		State:	Zip Code:	E-Mail Address	_
wolpole		NH	03608	grendo	& Comcast Ne
Telephone (Daytime):	(Evening):	Facsimile 1	Number:	7	
603 756 4028					
Address of Facility (if	different from above):				
City:	The state of the s	State:	Zip Code:		
Generation Vendor:		Contact Per	rson:		
^		1			
I hereby certify that the	system hardyvare is in com	pfiancefwith	Puc 900.		/ /
					1/2015
Vendor Signature:	1/V/	wh		Date: 5	16/34A
Electrical Contractor's	Name (if appropriate):		License num	ber:	
Everett E. Hou			0241	<u>C</u>	
Mailing Address:	7",000				
PO BOX 38-	7				
City:		State:	Zip Code:	E-Mail Address	
Wal Dole		NH	03608		su latar con
Telephone (Daytime):	(Evening):	Facsimile N		11/10/00 CC 410	sughton.com
603 756 3372	603 499 3200	1	6 9998		
	•				
Date of approval to insta	ll Facility granted by the (Company:	5/4/15	Installation Da	te: 3/12/2015
Application ID number:	2015 . 26				V
Inspection:		11 14	4 1 15 31	/E1 .: 1.O. 1	0
The system has been inst	talled and inspected in con	npliance with	the local Buildin	ng/Electrical Code	of
Walkle	Christine Count	7			
(City/County)		•			
Signed (Local Electrical	Wiring Inspector, or attack	h signed elect	trical inspection)	MI	
G	<u> </u>	-	•	ر ا ار	
Name (printed):	e Cranier		*****	Date: 5/6/15	
Dotod: Tule 02 2010)			Tonnad I	/a/ Winton D. Dal Wanabia
Dated: July 03, 2012 Effective: July 03, 2012				issued by:	/s/ Victor D. Del Vecchio Victor D. Del Vecchio
	•			Title:	President